Form State of Washington												A CEN	ICX/ N	10	AGENCY USE ONLY			
A 19-1A INVOICE VOUCHER (Rev. 5/91)												AGEN		Ю.	LOCATION CODE	P.R. OR AUTH. NO.		
Vendor / Claimant (Warrant is to be payable to)												3430						
(INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form							
										to claim payment for materials, merchandise or services. Show								
											complete detail for each item.							
											Vendor's Certificate. I hereby certify under penalty of perjury that the							
											items and totals listed herein are proper charges for materials,							
												merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without						
											discrimination because of age, sex, marital status, race, creed, color,							
Agency Name											national origin, handicap, religion, or Vietnam era or disabled veterans status.							
Higher Education Coordinating Board											ВҮ							
Displaced Homemaker Program												(SIGN IN INK)						
PO Box 43430																		
Olympia, WA 98504-3430											(TITLE) (DATE)					(DATE)		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Co										ontract Pa	yments to II	nents to IRS) RECEIVED BY				DATE RECEIVED		
D	ATE		DESCRIPTION								QUANTITY			ICE	AMOUNT	FOR AGENCY USE		
Total															\$0.00			
PREPA	RED BY						TELEPHON	NE NUMBE	R		DATE	AGENCY APPROVAL DATE						
DOC. I	DATE		PMT DUE DATE CURRENT DOC. NO. REF. DOC. NO.								VENDOR	NUMBER		VEND	OR MESSAGE			
KEF		П							WORK CLASS	COUNTY	CITY/TOWN			SUB				
DOC SUF	TRANS CODE	M OD	FUND	MAST	ER INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	BUDGET UNIT	MOS	PROJECT	SUB PROJ	SUB PROJ	AMOUNT	INVOICE NUMBER		
		Ш																
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ACCC	CCOUNTING APPROVAL FOR PAYMENT							DATE	DATE				WARRANT TOTAL	WARRANT NUMBER				